

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 191 Primary Registration District No. 1002 Registrar's No.

6122 763-043912
STATE FILE NUMBER

STATE FILE NUMBER

FILED DEC - 2 1963

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK
OR
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

12/10/63

Case	Age	Sex	Site	Pathologic type	Survival
1	55	M	Frontal	Adenocarcinoma	10 mo
2	60	M	Frontal	Adenocarcinoma	10 mo
3	60	M	Frontal	Adenocarcinoma	10 mo
4	60	M	Frontal	Adenocarcinoma	10 mo
5	60	M	Frontal	Adenocarcinoma	10 mo
6	60	M	Frontal	Adenocarcinoma	10 mo
7	60	M	Frontal	Adenocarcinoma	10 mo
8	60	M	Frontal	Adenocarcinoma	10 mo
9	60	M	Frontal	Adenocarcinoma	10 mo
10	60	M	Frontal	Adenocarcinoma	10 mo
11	60	M	Frontal	Adenocarcinoma	10 mo
12	60	M	Frontal	Adenocarcinoma	10 mo
13	60	M	Frontal	Adenocarcinoma	10 mo
14	60	M	Frontal	Adenocarcinoma	10 mo
15	60	M	Frontal	Adenocarcinoma	10 mo
16	60	M	Frontal	Adenocarcinoma	10 mo
17	60	M	Frontal	Adenocarcinoma	10 mo
18	60	M	Frontal	Adenocarcinoma	10 mo
19	60	M	Frontal	Adenocarcinoma	10 mo
20	60	M	Frontal	Adenocarcinoma	10 mo
21	60	M	Frontal	Adenocarcinoma	10 mo
22	60	M	Frontal	Adenocarcinoma	10 mo
23	60	M	Frontal	Adenocarcinoma	10 mo
24	60	M	Frontal	Adenocarcinoma	10 mo
25	60	M	Frontal	Adenocarcinoma	10 mo
26	60	M	Frontal	Adenocarcinoma	10 mo
27	60	M	Frontal	Adenocarcinoma	10 mo
28	60	M	Frontal	Adenocarcinoma	10 mo
29	60	M	Frontal	Adenocarcinoma	10 mo
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40	60	M	Frontal	Adenocarcinoma	10 mo
41	60	M	Frontal	Adenocarcinoma	10 mo
42	60	M	Frontal	Adenocarcinoma	10 mo
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55	60	M	Frontal	Adenocarcinoma	10 mo
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57	60	M	Frontal	Adenocarcinoma	10 mo
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61	60	M	Frontal	Adenocarcinoma	10 mo
62	60	M	Frontal	Adenocarcinoma	10 mo
63	60	M	Frontal	Adenocarcinoma	10 mo
64	60	M	Frontal	Adenocarcinoma	10 mo
65	60	M	Frontal	Adenocarcinoma	10 mo
66	60	M	Frontal	Adenocarcinoma	10 mo
67	60	M	Frontal	Adenocarcinoma	10 mo
68	60	M	Frontal	Adenocarcinoma	10 mo
69	60	M	Frontal	Adenocarcinoma	10 mo
70	60	M	Frontal		

or-- medul

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DOCUMENT

BY AFFIDAVIT OF attending physician

Dewey K. Ziegler MEDICAL CERTIFICATION

De 3-2891

2001 2 - 010 031173

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roland R. Lyons

Licensed Embalmer No. 3604

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.